

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
							CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1					51				
2						52				
3						53				
4						54				
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44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.						TOTAL IND.				
TOTAL DEP.						TOTAL DEP.				
TOTAL CLAIMS						TOTAL CLAIMS				